

(1) PLACE OF BIRTH

County of HarneyTownship of Superior

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7509 Registered No. 47

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Lorain B. Bellamy

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>5/1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Rodan</u>	(14) NAME BEFORE MARRIAGE <u>Lilly Bellamy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Loris St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Loris St.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Harney Co. S.C.</u>	(18) BIRTHPLACE <u>Harney Co. S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jeannie Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Loris St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5/25 1922 (28) Jeannie Jackson Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.